

**2010-11 HFP CONTRACT AMENDMENTS**  
**Summary of Proposed Model Contract Language Changes**  
**VISION**

**EXHIBIT A**

SECTION		Page	Type of Change	Change
		Throughout	Clarifying, non-substantive	<ul style="list-style-type: none"> <li>Added “or Certificate of Insurance” after “Evidence of Coverage”</li> </ul>
		Throughout	MRMIB needs a full copy of the plan’s amended EOC	<ul style="list-style-type: none"> <li>Deleted “or amended pages”</li> </ul>
I. Introduction	C.1. Geographic Areas Covered	1	Attachment I title	<ul style="list-style-type: none"> <li>Changed “Geographic Area Grid” to “Plan Coverage Area”</li> </ul>
I. Introduction	D. Provider Networks	2	Clarifying, non-substantive	<ul style="list-style-type: none"> <li>Changed Section Title from “Changing Vision Care Providers” to “Provider Networks” to more accurately reflect the substance of the section</li> </ul>
I. Introduction	D.2 Provider Networks	2	Substantive	<ul style="list-style-type: none"> <li>Clarifies that the plan give at least 60 days notice to of provider network changes and requires plans to submit documentation of its filing with the licensing agency.</li> </ul>
I. Introduction	E. Term of Agreement	2	Conforming	<ul style="list-style-type: none"> <li>Conforms the dates of the contract amendment for the new benefit year timeframe</li> </ul>
II. Enrollment	E. Identification Cards, Provider Directory and Evidence of Coverage (EOC) or Certificate of Insurance (COI)	3	Clarifying, conforming, non-substantive	<ul style="list-style-type: none"> <li>Adds Certificate of Insurance to Section title.</li> <li></li> </ul>
II. Enrollment	E. 3 Identification Cards, Provider Directory and Evidence of Coverage (EOC) or Certificate of Insurance (COI)	4-5	Conforming	<ul style="list-style-type: none"> <li>Conforms due dates to the new benefit year.</li> </ul>
II. Enrollment	E. 8 Identification Cards,	5	Clarifying	<ul style="list-style-type: none"> <li>Clarifies the right of the subscriber to</li> </ul>

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	Provider Directory and Evidence of Coverage (EOC) or Certificate of Insurance (COI)			select a primary care optometrist.
II. Enrollment	H. 1 Enrollment Data	6	Conforming	<ul style="list-style-type: none"> <li>Deletes language to conform with health and dental plan contract language</li> </ul>
II. Enrollment	H. 6 Enrollment Data	7	Conforming	<ul style="list-style-type: none"> <li>Deletes language to conform with health and dental plan contract language</li> </ul>
II. Enrollment	H. 9 Enrollment Data	7-8	Conforming	<ul style="list-style-type: none"> <li>Adds references and language to conform with health and dental plan contract language</li> </ul>
II. Enrollment	I.1 Network Information Service	8-9	Clarifying	<ul style="list-style-type: none"> <li>Clarifies that subscribers use information provided by the plan to select providers as well as a plan</li> </ul>
II. Enrollment	K.5 Public Awareness	10	Conforming	<ul style="list-style-type: none"> <li>Deletes language referring to on-line application assistance training that no longer exists.</li> </ul>
III. Customer Service	B.1. Grievance Procedure (DMHC)	11	Substantive	<ul style="list-style-type: none"> <li>Defines “grievance” to conform with the definition in the Knox Keene Act</li> </ul>
III. Customer Service	B.2. Grievance Procedure (CDI)	12	Substantive	<ul style="list-style-type: none"> <li>Defines “grievance” to conform with the definition in the Knox Keene Act</li> </ul>
III. Customer Service	C.1.c. Cultural and Linguistic Services – Linguistic Services	13	Substantive	<ul style="list-style-type: none"> <li>Adds new section requiring plans to provide information on language needs of subscribers to network providers.</li> </ul>
III. Customer Service	C.1.e. Cultural and Linguistic Services – Linguistic Services	13	Non-substantive	<ul style="list-style-type: none"> <li>Deletes examples of activities the plan “may” undertake.</li> </ul>
III. Customer Service	C.1.f. Cultural and Linguistic Services – Linguistic Services	13	Clarifying, conforming	<ul style="list-style-type: none"> <li>Strengthens the requirement for delivery of timely language assistance services to conform with Knox Keene requirements</li> </ul>
III. Customer Service	C.1.g. Cultural and Linguistic Services – Linguistic Services	13-14	Substantive	<ul style="list-style-type: none"> <li>Requires plans to use qualified interpreters</li> <li>Deletes examples of activities the plan “may” undertake.</li> </ul>

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III. Customer Service	C.1.i. Cultural and Linguistic Services – Linguistic Services	15	Non-substantive	<ul style="list-style-type: none"> <li>Deletes examples of activities the plan “may” undertake.</li> </ul>
III. Customer Service	C.1.k. Cultural and Linguistic Services – Linguistic Services	15	Clarifying	<ul style="list-style-type: none"> <li>Strengthens the section by changing “non-compliance” to “deficient in meeting”</li> </ul>
III. Customer Service	C.2.a. Cultural and Linguistic Services – Translation of Written Materials	15	Conforming, substantive	<ul style="list-style-type: none"> <li>Strengthens the requirement to translate written materials and adds 2 documents to be translated in accordance with Knox Keene Language Assistance Programs.</li> </ul>
III. Customer Service	C.2.b. Cultural and Linguistic Services – Translation of Written Materials	16-17	Conforming, non-substantive	<ul style="list-style-type: none"> <li>Changes dates to conform with new benefit year</li> <li>Deletes examples of activities the plan “may” undertake</li> </ul>
III. Customer Service	C.2.c. Cultural and Linguistic Services – Translation of Written Materials	16-17	Non-substantive	<ul style="list-style-type: none"> <li>Deletes examples of activities the plan “may” undertake</li> </ul>
III. Customer Service	C.3.a. Cultural and Linguistic Services – Cultural and Linguistic Needs Assessment	17-18	Substantive	<ul style="list-style-type: none"> <li>Deletes current GNA language. A new GNA section is added as VI.A.</li> </ul>
III. Customer Service	C.3.a. Cultural and Linguistic Services – Cultural and Linguistic Competency	18	Non-substantive	<ul style="list-style-type: none"> <li>Adds “interpreters” to the list of sources for feedback on cultural competency</li> </ul>
III. Customer Service	C.3.b Cultural and Linguistic Services – Cultural and Linguistic Competency	19	Non-substantive	<ul style="list-style-type: none"> <li>Deletes examples of activities the plan “may” undertake</li> </ul>
III. Customer Service	C.3.b Cultural and Linguistic Services – Cultural and Linguistic Competency	19	Clarifying	<ul style="list-style-type: none"> <li>Conforms dates to new benefit year and clarifies which benefit years are to be reported</li> </ul>

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IV. Covered Services and Benefits	B.3 California Children's Services	21	Conforming	<ul style="list-style-type: none"> <li>• Adds a requirement that the plan provide the policies and procedures to the State.</li> <li>• Adds a requirement that the policies and procedures address early identification and referral of children</li> </ul>
IV. Covered Services and Benefits	B.3.b California Children's Services	21	Substantive	<ul style="list-style-type: none"> <li>• Requires providers to perform appropriate baseline vision assessment and diagnostic evaluations prior to referral to CCS</li> </ul>
IV. Covered Services and Benefits	B.3.c-d California Children's Services	21-22	Substantive	<ul style="list-style-type: none"> <li>• Conforms to requirements for policies and procedures contained in health and dental contracts</li> </ul>
IV. Covered Services and Benefits	B.4 California Children's Services	22	Substantive	<ul style="list-style-type: none"> <li>• Requires plans to report not just the number, but the actual children who received CCS services and information about referrals</li> </ul>
IV. Covered Services and Benefits	B.5 California Children's Services	22	Substantive	<ul style="list-style-type: none"> <li>• Strengthens the requirement that the plan develop a MOU with a county CCS program</li> </ul>
IV. Covered Services and Benefits	B.7. California Children's Services (CCS)	22	Substantive	<ul style="list-style-type: none"> <li>• Clarifies that the plan is responsible for providing medically necessary services to children referred to CCS until the CCS program establishes eligibility</li> <li>• Deletes a reference to retroactive payment by CCS</li> </ul>
IV. Covered Services and Benefits	B.8.b California Children's Services (CCS)	22	Technical	<ul style="list-style-type: none"> <li>• Moves a sentence from the previous section to create a new section b.</li> </ul>
IV. Covered Services and Benefits	B.8.c-d California Children's Services (CCS)	22	Conforming	<ul style="list-style-type: none"> <li>• Adds language regarding payment by CCS that conforms with language in the health and dental contracts.</li> </ul>
IV. Covered Services and Benefits	F. 3 Copayments	24	Clarifying	<ul style="list-style-type: none"> <li>• Clarifies that plans will report copayments for covered services and changes the due date for the report to</li> </ul>

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				conform with the new benefit year time period.
VI. Quality Management Processes	A. Group Needs Assessment	26	Substantive	<ul style="list-style-type: none"> <li>• Moves the GNA from the Cultural and Linguistic Section and broadens the purpose of the GNA to include health status.</li> <li>• Requires the plan to submit a GNA report by 9/30/11 that includes a plan to address any disparities identified through the GNA.</li> <li>• States that MRMIB will coordinate with Medi-Cal on the GNA requirements.</li> </ul>